

**MINUTES OF MEETING OF
HEALTH STRATEGIES COUNCIL**

Department of Community Health, Division of Health Planning
2 Peachtree Street, 7th Floor, Conference Rooms 3A & 3B, Atlanta, GA 30303

Friday, February 27, 2004

11:00 am – 1:00 pm

Daniel W. Rahn, M.D., Chair, Presiding

MEMBERS PRESENT

Honorable Glenda M. Battle, RN, BSN
Harve R. Bauguess
David Bedell, DVM
Elizabeth Brock
Tary Brown
W. Clay Campbell
Nelson B. Conger, MD
Charlene M. Hanson, Ed.D., FNP
Sonia Kuniansky
Reverend Ike E. Mack
Felix Maher, DMD
Julia L. Mikell, MD
Raymer Martin Sale, Jr.
Toby D. Sidman (via conference call)
Catherine Slade
Oscar S. Spivey, MD
Kurt M. Stuenkel, FACHE
Katherine L. Wetherbee
David M. Williams, MD

GUESTS PRESENT

Judy Adams, Georgia Assoc. for Home Health Agencies
Armando Basarrate, Parker, Hudson, Rainer & Dobbs
Charlotte W. Bedell, Tift County Commissioner
Taffey Bisbee, Gill Balsano Consulting
Davis Duwagar, Piedmont Medical Center
Nelda Greene, Georgia Dental Association
Lori Jenkins, Phoebe Putney Memorial Hosp.
Betty P. Mayson, Healthfield, Inc.
Kevin Rowley, St. Francis Hospital
Hal Smith, Three Rivers Home Health Agency

MEMBERS ABSENT

William G. "Buck" Baker Jr., M.D.
Edward J. Bonn, CHE
Anthony J. Braswell
Katie B. Foster
James G. Peak
Tracy M. Strickland
Honorable Evelyn Turner-Pugh

STAFF PRESENT

Commissioner Tim Burgess
Richard Greene
Robert Rozier, Esq.
Rhathelia Stroud, Esq.
Stephanie Taylor

WELCOME AND CALL TO ORDER

Dr. Rahn welcomed Council members and guests and called the meeting of the Health Strategies Council to order at 11:10 am. A motion to accept the minutes of the November 21, 2003 meeting was made by Kurt Stuenkel, seconded by Dr. Bedell.

CHAIRMAN'S REPORT

Dr. Rahn welcomed Commissioner Tim Burgess and called on him to provide an update of activities within the Department. Commissioner Burgess indicated that the legislature is still struggling with several Budget issues. He said that several difficult decisions had to be made and further budget cuts are possible. He clarified that many of the financial problems that the Department is experiencing can be contributed to the fact that DCH made advance payments to providers over one year ago. He said that if this money were not recovered, DCH would run out of cash. The Department is trying to recoup several million dollars in overpayments to medical providers blamed on claims problems.

Commissioner Burgess indicated that the Department has cancelled Phase II of the contract with Affiliated Computer Services (ACS). The Department is working with ACS to complete Phase I of the contract. He said that there are still several areas which need to be fine-tuned.

Commissioner Burgess said that the Department is exploring new models of care for the provision of care to Medicaid recipients and will engage the Council in this process. The Department would like to explore other models of care which could help to bring about better health outcomes, control healthcare costs and have greater budget predictability. Dr. Rahn thanked the Commissioner for providing this update to the Council.

Following the Commissioner's presentation to the Council, Dr. Rahn asked Council members to review the matrix of the 2003 Council attendance to ensure accuracy. This document was mailed to members prior to today's meeting. He said that members could be removed from the Council if they do not attend a minimum of 75% of the Council's quarterly meetings.

Dr. Rahn provided a report of the University System and the Medical College of Georgia. He indicated that the Chancellor has made several presentations to the legislature and have highlighted the fact that over the last several years, the University System has sustained reductions totaling in excess of three hundred million dollars (\$300M). Dr. Rahn noted that tuition was increased in the last year to buffer the impact of this deficit. He indicated that several dynamics have been operating including growth in enrollment which has resulted in a demand for resources while at the same time, funding is decreasing. He said that the healthcare delivery system impacts both the academic/instructional programs and research missions of teaching institutions. He indicated that safety net hospitals are being negatively impacted; indigent care demands have increased while revenues have continued to decrease.

Dr. Rahn talked about some of the operational challenges for the University System. He indicated that health systems operate both in the public good and as a business, and recognized some of the financial challenges that are being posed to the academic centers and health systems around the state. He said that the Council is committed and willing to get involved in any policy or planning discussions to address some of these critical statewide issues.

REPORT FROM THE STANDING COMMITTEES OF THE HEALTH STRATEGIES COUNCIL

Dr. Rahn called on Clay Campbell, Chair, Long Term Care Standing Committee (LTC Committee) to present a report of the committee's work. Mr. Campbell indicated that the LTC Committee invited representatives from several industries to provide a "state of the industry" update to the committee. They were representatives from several industries including personal care homes, home health services, nursing facilities, inpatient rehabilitation facilities, traumatic brain injury programs and continuing care retirement communities. He said that the presentations were very informative and that most industry representatives were pleased with the Department's long-term care plans and rules. He also noted that a public comment period was provided to allow community input and participation. In addition to the public comment period, community members were encouraged to send written comments to the committee by a designated time.

PERSONAL CARE HOMES

Mr. Campbell indicated that the State Health Plan and Rules for Personal Care Homes are current. The committee made no recommendations for changes.

HOME HEALTH SERVICES

Mr. Campbell indicated that the Home Health Services plan and rules are current. He said that the committee received provider input during the public comment portion of the meeting and again in written correspondence requesting a change of the 3% indigent charity care commitment requirement. He indicated that this is one of the Department's core requirements for most CON applications. Mr. Campbell said that the committee did not make any recommendations for changes to the Home Health Services plan or rules at this time.

NURSING FACILITIES

The Nursing Facilities plan and rules are current. He indicated that input and testimony from the nursing home industry representatives indicated that there were no need for changes to these documents at this time.

INPATIENT REHABILITATION FACILITIES

Mr. Campbell indicated that the committee made no recommendations for changes to this plan and rules.

TRAUMATIC BRAIN INJURY PROGRAMS

Mr. Campbell indicated that the committee made no recommendations for changes to the plans and rules for traumatic brain injury. Industry representatives made no recommendations for changes.

CONTINUING CARE RETIREMENT COMMUNITIES

Mr. Campbell indicated that the committee made no recommendations for changes to the plans and rules for continuing care retirement communities.

Following Mr. Campbell's presentation to the Council, Mr. Greene indicated that the Department would like to recommend the establishment of a technical advisory committee to examine the need for a service specific plan and corresponding rules for long-term care acute care beds (LTACs). He indicated that there are two models of care for LTACs namely, a hospital can lease a certain number of

beds or a hospital may create a separate independent board and can have a “hospital within a hospital” format. These models of care were created in response to Medicare financing. He indicated that the Department is carefully assessing the need for planning documents in this area.

Dr. Mikell expressed concern about the impact of LTACs on the state's Medicaid budget. Mr. Greene indicated that the Department is looking at emerging issues with LTACs, including a review of the impact on the Medicaid budget and the State Health Benefit Plan. Following this review, the Department will present its findings to the Health Strategies Council and will seek their guidance regarding the need for the establishment of a technical advisory committee.

Dr. Rahn thanked Clay Campbell for managing the work of the LTC Committee.

SPECIAL & OTHER SERVICES TECHNICAL ADVISORY COMMITTEE

Dr. Rahn called on Dr. Williams to provide an update on the work of the Special & Other Services technical advisory committee (TAC). Dr. Williams indicated that this TAC was charged with reviewing the plans and rules for Cardiac Catheterization, Ambulatory Surgical Services, Radiation Therapy Services and Positron Emission Tomography Services. A public comment period was provided at the meeting and written correspondence to the committee was encouraged.

CARDIAC CATHETERIZATION

Dr. Williams reported that the committee did not discuss any specific recommendations for the cardiac catheterization plan and rules since the Specialized Cardiovascular Services TAC, which was reconvened during 2002, indicated that there should be no changes to the current plan and rules unless or until any new guidelines are issued from the American College of Cardiology. Dr. Williams indicated that no new guidelines have been issued so the committee made no recommendations about the content of the plan and rules.

Dr. Williams reported that the committee recommended that the review of the plan and rules relating to cardiac catheterization be placed under the guidance of the Acute Care Committee of the Health Strategies Council. The committee noted that the Acute Care Committee reviews the plan and rules for open-heart surgical services and they agreed that both services (cardiac catheterization and open heart surgical services should be reviewed simultaneously). A motion to accept the recommendation of the Acute Care Standing Committee to move the Cardiac catheterization plans and rules under the purview of the Acute Care Committee was made by Chuckie Hanson, seconded by Dr. Bedell. The Health Strategies Council unanimously accepted this motion.

AMBULATORY SURGICAL SERVICES

Dr. Williams reported that the work of the Ambulatory Surgical Services TAC is ongoing. The TAC is awaiting guidance and direction from the Department of Community Health and the Office of the Attorney General.

RADIATION THERAPY SERVICES

Dr. Williams indicated that the Department has had no concerns with the Radiation Therapy Services plan and rules. Additionally, there have been no public concerns expressed in this area. The committee made no recommendations for changes to this state health plan and rules.

POSITRON EMISSION TOMOGRAPHY

Dr. Williams indicated that the PET rules were developed in February 2002. The Department has had no concerns about this area and there were no concerns expressed by the general public. He indicated that the committee received a letter of support from a provider about the current plan and rules. The committee made no recommendations for changes to this state health plan and rules.

Dr. Rahn provided some information about the use of the gamma knife indicating that it delivers high doses of radiation to very focused areas of the body without having to use surgical intervention. He indicated that the gamma knife could usually access tissue without impacting many of the surrounding tissue.

One of the members asked about the number of gamma knives that are operational in the state. He said that the Department has approved close to six applications. While the application may have been approved, the equipment may not be operational at this time. He indicated that the following applications have been approved to secure gamma knife technology, namely St. Joseph's Hospital of Atlanta, St. Joseph's Hospital of Augusta, West Georgia Medical Center, Piedmont Hospital, Medical College of Georgia, Crawford Long Hospital and John D. Archbold Memorial Hospital. Mr. Greene indicated that currently there are no service-specific rules for gamma knives and all applications are reviewed under the Department's General Consideration rules.

Dr. Williams further reported that the Department had expressed concern to the committee about the number of applications that they have received to secure gamma knife technology. The Special & Other Services Committee supported the establishment of a technical advisory committee to examine the need for service-specific plan and rules for gamma knife technology. A motion to accept the recommendation of the TAC to develop a plan and rules for gamma knife was made by Tary Brown, seconded by Dr. Mikell. The Council approved this motion unanimously.

Dr. Rahn thanked Dr. Williams for managing the work of the Special & Other Services Committee.

ACUTE CARE COMMITTEE I

Dr. Rahn called on Kurt Stuenkel to provide a report of the work of the Acute Care Committee. Mr. Stuenkel indicated that the Acute Care Committee I examined the following areas: Short Stay General Hospitals, Perinatal Health Services, Psychiatric & Substance Abuse Inpatient Services and Open Heart Surgical Services. A public comment period was provided at the meeting and written correspondence to the committee was encouraged.

SHORT STAY GENERAL HOSPITAL

Mr. Stuenkel indicated that the Committee voted to leave the Short Stay General Hospital Services plan and rules in their present form since they were updated in 2002. The Council unanimously accepted this recommendation.

PERINATAL HEALTH SERVICES

Mr. Stuenkel indicated that there were no recommended changes to the Perinatal Health Services plan and rules at this time. The Council unanimously accepted this recommendation.

PSYCHIATRIC & SUBSTANCE ABUSE INPATIENT SERVICES

Mr. Stuenkel reported that the committee indicated that while there were few areas of concern in this area that due to the age of this plan, that the Division should review and update this plan. He said that the one area that the committee identified for potential update is the section of the plan and rules that addresses need for psychiatric and substance abuse services for children and adolescents. Committee members noted that the review is not critical at this time but that it should be conducted to bring this plan and rules up-to-date with all other CON plans and rules. The Council unanimously accepted this recommendation.

OPEN HEART SURGICAL SERVICES

Mr. Stuenkel indicated that the committee had considerable discussion about this area. He said that while the Specialized Cardiovascular Services TAC indicated that they would not recommend that the committee be reconvened unless or until the American College of Cardiology (ACC) has made any changes to their rules, that he has received information which indicates that several states are allowing hospitals to provide both emergent and primary angioplasty without open-heart surgical backup. Mr. Stuenkel indicated in his presentation to the Council that Floyd Medical Center is among the hospitals that requested consideration from the state to perform angioplasty without on-site open-heart surgical backup. He indicated that the Acute Care Committee would like to recommend that the Specialized Cardiovascular Services TAC revisit this issue.

Ms. Brock, Chairperson of the Specialized Cardiovascular Services TAC indicated that TAC was firm in its recommendation that they would not be agreeable to reconvening unless new guidelines had been issued by the ACC. She further mentioned that Dr. Wenger, a member of the Specialized Cardiovascular Services TAC has been appointed to the Quality Strategic Oversight Committee of the ACC. This committee provides leadership on this and other quality issues to the ACC. She indicated that Dr. Wenger provides updates to the Division and the TAC regarding any changes that are recommended by the ACC. Ms. Brock further said that the TAC recommended that interested hospitals contact Dr. Thomas Aversano, so that the hospitals could become a part of the CPORT project with the benefit of the CPORT guidelines rather than for Georgia to develop its own set of guidelines at this time.

Kurt Stuenkel recommended the use of Alternative Healthcare Models as a mechanism that hospitals could use to seek state permission to allow hospitals to perform emergent and primary angioplasty without open-heart backup. Stephanie Taylor indicated that this recommendation was presented to the Specialized Cardiovascular TAC at one of its meetings. The Department clarified at that time, and the TAC concurred, that this type of clinical service would not be appropriate to test the Alternative Health Care model (AHM). The Department had indicated that where service-specific rules exist for a service that those rules should be used to add new or additional services. Ms. Taylor indicated that the AHM has been used in the past for providers seeking to obtain nursing home beds.

Mr. Stuenkel also recommended the possibility of adding new members on the TAC. Ms. Taylor noted that when the TAC was initially established it was felt that it was very broadly based but was lacking only one subspecialty, Interventional Cardiology. When the TAC reconvened, an Interventional Cardiologist was added. Further, she noted that the TAC had indicated that in order to maintain continuity and consistency in the planning process, that the established TAC should deliberate all concerns pertaining to cardiovascular services.

Kurt Stuenkel made a motion, seconded by Dr. Bedell to reconvene the Specialized Cardiovascular Services TAC to examine the merits of allowing hospitals to perform emergent and primary angioplasty without open-heart backup. Dr. Rahn inquired as to whether there was a need to reconvene the TAC since they had already encouraged hospitals seeking to provide angioplasty without open-heart surgical backup to consider participation in the CPORT study. Council members agreed that since the TAC had already encouraged hospitals to seek to participate in the CPORT pilot study, that there is no need to reconvene the Specialized Cardiovascular Services TAC at this time. Following substantial discussion, the motion to reconvene the Specialized Cardiovascular Services TAC failed (by unanimous vote) to achieve support from the Council.

Council members inquired about the mechanism that would be used to allow hospitals to participate in the CPORT study. Stephanie Taylor clarified that the Division could draft some exception language for insertion into the state's current Specialized Cardiovascular Services rules. This recommendation would require approval by the Council, since the Specialized Cardiovascular Services TAC has approved this process, in principle. Dr. Rahn and Ms. Brock agreed that it would not be necessary to reconvene the TAC for the development of this exception language. Dr. Mikell made the recommendation that all hospitals that are approved to participate in the CPORT study should be allowed to do so. This motion was seconded by Kurt Stuenkel and was unanimously passed by the Council.

Robert Rozier suggested that the Council's recommendation should be more specific and should read as follows: " The Council agrees that some specific language should be inserted in the Specialized Cardiovascular Services rules to allow those hospitals that meet the CPORT guidelines to participate in the pilot program, under the study guidelines". The Council unanimously accepted this amended language to its earlier recommendation.

Dr. Rahn thanked Mr. Stuenkel for managing the work of the Acute Care Standing Committee.

DIVISION REPORT

Dr. Rahn called on Richard Greene to provide an update of the Division's work. Mr. Greene publicly thanked all of the committee chairs for their leadership during the committee's review of the Department's CON plans and rules. He apologized to the Chair of the Long Term Care Committee, noting that some new information was brought before the Department subsequent to the meeting of the LTC committee. He said that the Department would like to recommend the establishment of two long term care technical advisory committees. He said that while the long term care committee did not recommend the update of two plans, the Department feels that given the age of state health plans for traumatic brain injury (May 1990) and Inpatient Rehabilitation Services (October 1994) that these plans and rules should be updated. He indicated that most of the Department's service-specific plans were updated within the past 34 years. These two plans were not. This motion was seconded by Clay Campbell and was unanimously approved by the Council.

Richard Greene indicated that the rewriting of the Administrative Rules is a lengthy process. Because of the extensive changes that need to be done (mostly citations etc.) the work is not complete and will not be presented to the Council at this time. He said that the Department is moving towards a very

strict interpretation of the rules. Other areas of the Administrative Rules, other than inaccurate citations also will be revised. Rhathelia Stroud indicated that the Department is enhancing the Tracking Report by providing more information about the CON activity level. Robert Rozier provided the Council with information regarding legal updates, noting that the Department is experiencing increased litigation. He indicated that many of the legal actions do not pertain to the Department's service-specific rules.

Following presentation by Ms. Stroud and Mr. Rozier, Chuckie Hanson asked if there are any rules that govern the development and operation of technical advisory committees. Ms. Hanson recommended that any Council member that has a conflict of interest should recuse himself from voting during the TAC's deliberations. Ms. Taylor indicated that there are no rules which govern the development and work of TACs, but noted that there are rules which govern the Council. Richard Greene noted that there are some rules that cover all state entities. He indicated that there are some existing state rules which would preempt the need for self-enforcement. Dr. Rahn suggested that the Council could develop some guiding principles to aid in TAC development and operation. Richard Greene indicated that he would review the relevant state rules and consult with the Office of the Attorney General to seek further guidance regarding rules that govern the TAC and would provide this information to the Council at the next meeting.

Richard Greene indicated that there are some providers that still continue to be delinquent in submitting their annual surveys to the Division. He introduced Dr. Virginia Seery who manages the collection of data from long-term care providers. He indicated that the Department is placing great emphasis on the accuracy and timeliness of survey completion. Signatures that appear on the form will have greater accountability. He publicly recognized Fred Watson, President, Georgia Nursing Home Association and Genia Ryan, Executive Director, Georgia Association of Assisted Living Facilities for their assistance in working with the Division of Health Planning to ensure survey compliance for providers in their respective industries.

OTHER BUSINESS

Stephanie Taylor has asked all Council members to submit their meeting participation forms which indicate their level of interest in attending the next meeting of the Council that is scheduled for May 21st in Bainbridge. The meeting will be held at Bainbridge College and no conference call capabilities exist. She indicated that for those arriving the day before the meeting that there would be opportunities to fish, golf and to take a tour of historical Bainbridge. She indicated that the submission of the forms would determine whether there would be a quorum at the meeting and would help in the meeting planning process (i.e. food planning, meeting materials etc.) Glenda Battle extended a warm welcome and a personal invitation for all Council members to attend the meeting in Bainbridge.

Dr. Rahn acknowledge that everyone should have received copies of the CY 2003 annual report. He thanked Stephanie Taylor for preparing this document. He also thanked Richard Greene for providing a copy of a document entitled: "2004 Relative Scope and Review Thresholds of CON Regulated Services". This document, issued by the American Health Planning Association provides a matrix of all of the states and the services that they regulate. Mr. Greene said that he would provide copies to Council members.

Dr. Rahn thanked Council members for their active involvement in the planning process, including their continued commitment and participation on many committee and Council activities

The next meeting of the Council will be held on Friday, May 21 at Bainbridge College, Bainbridge College, 2500 E. Shotwell Street (Hwy.84), Continuing Education Building, Room 416, Bainbridge, GA 31717,

There being no further business, the meeting adjourned at 1:15pm.

Minutes taken on behalf of Chair by Stephanie Taylor.

Respectfully Submitted,

Daniel W. Rahn, MD
Chair